

OSSEO MEDICAL CENTER, INC.-MAYO HEALTH SYSTEM  
13025 8TH STREET

OSSEO 54758 Phone: (715) 597-3121  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/03): 40  
Total Licensed Bed Capacity (12/31/03): 40  
Number of Residents on 12/31/03: 39

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 38

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.5
Supp. Home Care-Personal Care	No					1 - 4 Years		51.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		15.4
Day Services	No	Mental Illness (Org./Psy)	38.5	65 - 74	2.6			----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	28.2			87.2
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	56.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.7		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	10.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	15.4		-----	RNs		9.9
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		10.5
Other Services	No	Respiratory	10.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.9	Male	20.5	Aides, & Orderlies		50.9
Mentally Ill	No		----	Female	79.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

Medicare (Title 18)				Medicaid (Title 19)				Other		Private Pay		Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	3.3	156	0	0.0	0	1	11.1	155	0	0.0	0	0	0.0	0	2	5.1
Skilled Care	0	0.0	0	28	93.3	133	0	0.0	0	8	88.9	133	0	0.0	0	0	0.0	0	36	92.3
Intermediate	---	---	---	1	3.3	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		30	100.0		0	0.0		9	100.0		0	0.0		0	0.0		39	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	15.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.8	Bathing	0.0	82.1	17.9	39
Other Nursing Homes	3.8	Dressing	2.6	87.2	10.3	39
Acute Care Hospitals	73.1	Transferring	23.1	61.5	15.4	39
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.4	66.7	17.9	39
Rehabilitation Hospitals	0.0	Eating	74.4	17.9	7.7	39
Other Locations	3.8	*****				
Total Number of Admissions	26	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.3	Receiving Respiratory Care	10.3	
Private Home/No Home Health	10.7	Occ/Freq. Incontinent of Bladder	33.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	12.8	Receiving Suctioning	0.0	
Other Nursing Homes	10.7			Receiving Ostomy Care	2.6	
Acute Care Hospitals	32.1	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	25.6	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	46.4	With Pressure Sores	0.0	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	2.6	Medications		
(Including Deaths)	28			Receiving Psychoactive Drugs	48.7	

*****					
Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					
*****					
	This Facility	Other Hospital-Based Facilities	All Facilities		
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.1	90.1	0.90	87.4	0.93
Current Residents from In-County	76.9	83.8	0.92	76.7	1.00
Admissions from In-County, Still Residing	38.5	14.2	2.72	19.6	1.96
Admissions/Average Daily Census	68.4	229.5	0.30	141.3	0.48
Discharges/Average Daily Census	73.7	229.2	0.32	142.5	0.52
Discharges To Private Residence/Average Daily Census	7.9	124.8	0.06	61.6	0.13
Residents Receiving Skilled Care	97.4	92.5	1.05	88.1	1.11
Residents Aged 65 and Older	100.0	91.8	1.09	87.8	1.14
Title 19 (Medicaid) Funded Residents	76.9	64.4	1.19	65.9	1.17
Private Pay Funded Residents	23.1	22.4	1.03	21.0	1.10
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	38.5	32.9	1.17	33.6	1.14
General Medical Service Residents	17.9	22.9	0.78	20.6	0.87
Impaired ADL (Mean)*	45.6	48.6	0.94	49.4	0.92
Psychological Problems	48.7	55.4	0.88	57.4	0.85
Nursing Care Required (Mean)*	5.1	7.0	0.73	7.3	0.70